Effectiveness of protease inhibitor-based regimens in HIV-infected children failing non-nucleoside reverse transcriptase inhibitor-based regimens

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- Antiretroviral therapy (ART) has been associated with improved morbidity and mortality among children with HIV infection
- As children become more treatment experience, they will have greater problems with drug resistance, necessitating the use of second line ART
- The recommend 2nd line ART is boosted protease inhibitor-based regimens⁽¹⁾
- There are limited reports on the efficacy of protease inhibitor (PI)-based regimens among children in resource-limited setting





Primary objectives: to assess the impact of PI-based regimens in children who failed 1stline ARV on

- Virologic response
- Immunologic response
- Clinical response

Secondary objectives : to evaluate

- Adverse events of PI-based regimens
- Risk factors in children who failed PI-based regimens

Definitions

Virologic response	Virologic success : plasma HIV RNA < 50 copies/ml (at 24 and/or 48 weeks of treatment)
	Virologic failure: plasma HIV RNA <u>never</u> less than 50 copies/ml (at 24 and/or 48 weeks of treatment)
I mmunologic response	Change of CD4 cell count (at 0, 24 and 48 weeks of treatment)
Clinical Response	Physical growth - measure weight, height at 0, 24 and 48 weeks and calculate for z- score W/A and z-score H/A





Study design : retrospective cohort study

Inclusion criteria

- 1. HIV-infected children age < 18 years when starting PI-based regimens
- 2. Start NNRTI-based regimens as first-line therapy
- 3. Failing NNRTI-based regimen before switching to PIbased regimens
- 4. Has been on PI-based regimens for at least 48 weeks